



ASSET MANAGEMENT ANALYSIS GROUP, LLC

Application for Employment

131 Silver Bluff Rd
Aiken, SC 29803

Applicant Name

Name: _____
First Name Nick Name Full Middle Last Name

Applicant Data Application limited to opening(s) for which you applied.

Position(s) Applying For (And For Which You Are Qualified):
 1 _____ Today's Date _____
 2 _____
 Are you applying for: Full-Time Part-Time Wage Type: : W2 1099

Current Address: _____
Street City State Zip
 Permanent Address: _____
Street City State Zip
 Social Security Number: _____ E-mail address: _____
 Telephone Number: _____ home cell work Alternate Telephone Number: _____ home cell work

Are you legally entitled to work in the United States? (You will be required to provide proof of identity and eligibility to work in the U.S. if hired) Yes No
 Are you 18 years of age or older? Yes No
 Any restrictions on travel? Yes No
 Any restrictions on relocation? Yes No
 Please let us know if you have any restrictions, please explain.

Have you ever been convicted of or pleaded guilty or Nolo Contendre (no contest or an Alford plea) to any felony? (The fact that you have been convicted of a felony will not automatically disqualify you from further consideration for employment.) Yes No
 If Yes, when? _____ Where? _____ Nature & Disposition of Offense: _____

Have you previously applied for employment at AMAG, LLC? Yes No
 If Yes, when and where? _____ Were you interviewed? Yes No
 If Yes, indicate by whom (if you remember).

Are you related to anyone employed by AMAG, LLC.? Yes No
 If yes, who: _____
 Salary Expected: \$ _____ Date available for employment: _____
 Are you interested in working? 1st Shift 2nd Shift 3rd Shift Any

Education Data * Applicants will be expected to furnish official transcripts of school or college work and evidence of eligibility for employment.

Name of School	Name, City, and State of School	Dates Attended		Degree/ Diploma Obtained	Major	Minor	Cumulative GPA
		From Mo/Yr	To Mo/Yr				
High School		N/A	N/A		N/A	N/A	
College, Technical or Business*							
Graduate School*							
Other Education							

Are you presently enrolled in school? Yes No
 Field of Study: _____ Day School
 If Yes, where? _____ Expected Date of Graduation: _____ Night School



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First Name

Nick Name

Full Middle

Last Name

Employer 2

Dates of Employment:	From		To			
Name of Company:						
Street:						
City / State / Zip:						
Telephone:						
Position(s) You Held:						
Wage or Salary:	Start:	\$	Last:	\$	Other Compensation or Bonus	\$
Supervisor's Name and Title:						
Reason(s) for Leaving:						
Describe Your Responsibilities / duties:						
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, why not?			

Employer 3

Dates of Employment:	From		To			
Name of Company:						
Street:						
City / State / Zip:						
Telephone:						
Position(s) You Held:						
Wage or Salary:	Start:	\$	Last:	\$	Other Compensation or Bonus	\$
Supervisor's Name and Title:						
Reason(s) for Leaving:						
Describe Your Responsibilities / duties:						
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, why not?			

Other Accomplishments

Please list below any other job related accomplishments, professional, certifications, or verifiable volunteer work that would help AMAG, LLC. evaluate you for the position in which you seek. Please include date, employer, and institution. You may attach copies of your certifications or accomplishments

Military Service

Please list below any military service and attach a copy of your DD Form 214 to this application.

Branch of Service	Rank Held	Dates of Service		Have you received military training for the position for which you are applying? Attach an additional sheet if needed		
		To	From	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes Explain
		To	From	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes Explain
		To	From	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes Explain



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AMAG, LLC. Applicant's Voluntary Survey

Our organization is committed to the employment and advancement of qualified minorities and females. If you fall into one or more of these classifications, we invite you to identify yourself. We are gathering the following information, not for employment decisions, but for record keeping in compliance with federal regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our affirmative action programs.

Information provided will be kept in the strictest confidence. However, if you choose not to respond, this will not affect the decision regarding your employment opportunity.

Please return this survey to the Human Resources Department or Hiring Manager.

Name:	Social Security Number:
Position(s) applied for (please be specific):	
Today's Date:	

I decline to Self-ID (Please check those boxes that apply to you.)

I. DISABLED AND VETERAN STATUS

1. **DISABLED** – Any person who has a physical or mental impairment, which substantially limits one more of such person's major life activities; has a record of such impairment; or is regarded as having such a impairment.

What accommodation would you need to perform the job(s)for which you applied?

2. **VIETNAM ERA VETERAN** – A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from active duty with other than a Dishonorable Discharge.

3. **DISABLED VETERAN** – A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

4. **OTHER ELIGIBLE VETERAN**

5. **BOTH VIETNAM / OTHER ELIGIBLE VETERAN & DISABLED VETERAN**

II. RACE

1. **WHITE**

2. **BLACK / AFRICAN AMERICAN**

3. **ASIAN**

4. **AMERICAN INDIAN OR ALASKAN NATIVE**

5. **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

6. **Other**

III. ETHNICITY

1. **NOT HISPANIC OR LATINO**

2. **HISPANIC OR LATINO**

IV. GENDER

Male Female Other

V. WHAT PROMPTED YOUR APPLICATION?

- Advertisement (Name of Publication) _____
- College Recruiting _____
- Employee Referral (Employee Name) _____
- Employment Agency (Name of Agency) _____
- Job Fair (Name of Job Fair) _____
- State Employment Service _____
- Other (Please Explain) _____

← Print a copy of your completed form and then submit it us via email →